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# Family day care providers: Exploring their attitudes, opinions, beliefs, skills, and techniques for serving children with special needs

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FAMILY DAY CARE PROVIDERS: EXPLORING  
THEIR ATTITUDES, OPINIONS, BELIEFS, SKILLS,  
AND TECHNIQUES FOR SERVING CHILDREN WITH  
SPECIAL NEEDS

SMITH

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FAMILY DAY CARE PROVIDERS: EXPLORING THEIR ATTITUDES,  
OPINIONS, BELIEFS, SKILLS, AND TECHNIQUES FOR SERVING  
(TITLE)  
CHILDREN WITH SPECIAL NEEDS

BY

PAMELA S. SMITH

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SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

MASTER OF SCIENCE IN HOME ECONOMICS

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

1994

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING  
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### Abstract

This study was conducted in two phases to explore the phenomenon of family day care providers serving children with special needs. The first phase used a quantitative approach, using a survey to explore the attitudes, opinions and beliefs of family day care providers regarding serving children with special needs. The population was 195 female family day care providers, 68 of whom responded to the survey. Of those 68 providers, 25 were serving children with a variety of special needs. The majority of respondents indicated that children with special needs require assessment on an individual basis, and the children should not be stereotyped due to any special need. The majority of the providers indicated they were capable of caring for children with special needs, especially limited needs. The second phase of the study was a qualitative approach, using in-depth interviews to explore the skills and techniques of five family day care providers serving children with special needs. These providers indicated children with special needs require very few changes in the physical environment or programs. The most reported change was the need to shorten the length of activities for children with special needs. The providers indicated they desired more information on issues pertaining to children with special needs, however they desired the information in short articles, pamphlets and newsletters.

### Dedication

This research is dedicated to the staff of the Child Care Resource and Referral Project in Charleston, Illinois. Without their valuable service, this research would not have been possible. My hope is that this research may assist them in continuing to provide much needed services to families and child care providers with children with special needs.

### Acknowledgments

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## Chapter One

### Introduction

#### Background Information

The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990. The ADA went into effect on January 26, 1992 (Surr, 1992). This act has opened the door for many families with children who have special needs. The act includes provisions to ensure that the children are allowed to attend child care facilities with other children. Child care providers will no longer be able to refuse to care for children because of any disabilities or special needs the child may have (Child Care Law Center, 1993).

The ADA is considered to have an impact on the child care industry. The type of care for the child with special needs is to be determined using the guidelines set forth in the act. The Individuals with Disabilities Education Act works with the ADA to ensure that all children with special needs receive appropriate services and education from birth. Several programs have implemented models to provide the services required for children with special needs in their area. (Child Care Law Center, 1993).

Children with special needs may benefit from these services, yet the providers have not been approached for their opinions, beliefs or attitudes concerning these

programs. An examination of this area may assist in developing programs that are beneficial to both the children and the providers.

#### Statement of the Problem

Thousands of families rely on family day care providers to care for the children across the nation (Ryder, 1990). Much attention has been given to the provider in areas such as education, regulations, and quality of care. These areas often include working models, programs and services that have been found to be effective for the providers and children (Baldwin, Jeffries, Jones, Thorp, & Walsh, 1992; Braulth, 1992; Edgebeer, Latzko, & Pratt, 1993; Fink, 1992; Fink, 1991). Little formal research has been conducted to examine the phenomenon of the family day care provider in regard to personal attributes such as their opinions, beliefs, and attitudes. The research is further limited in regard to providers caring for children with special needs.

#### Purpose of the Study

The purpose of the study was to explore the phenomenon of family day care providers caring for children with special needs. This study explored the attitudes, opinions, and beliefs, as well as the techniques and skills used in caring for children with special needs.

### Research Objectives

The objectives of this study include:

1. Identifying the number of children with special needs served by family day care providers as reported by those family day care providers.
2. Identifying the types of special needs of the children being served by family day care providers.
3. Identifying the attitudes, opinions, and beliefs of family day care providers regarding children with special needs.
4. Identifying the techniques and skills used by providers to accommodate children with special needs in their programs.

### Research Questions

The research questions addressed in the study include:

1. Are providers caring for children with special needs?
2. If so, what are the special needs of those children?
3. What are the attitudes, opinions, and beliefs of providers toward caring for children with special needs?
4. What are the skills and techniques used when caring for the children with special needs?

### Delimitations

The delimitations of the study were as follows:

1. This study included only family day care

providers.

2. This study examined only those providers licensed with the Illinois Department of Children and Family Services or considered license-exempt by the Department.

3. Due to the small number of subjects, the study may not have been representative of the entire family day care provider population.

### Definitions

There are two categories for definitions: operational definitions and conceptual definitions.

#### Operational Definitions

Attitude. Attitude will refer to the way of thinking, feeling or behaving of the family day care provider toward caring for children with special needs and related topics such as inclusion, mainstreaming and recent legislation (Scott & Foresman, 1988).

Belief. Belief refers to that which the family day care provider accepts with or without certainty to be true concerning children with special needs and related topics such as mainstreaming, inclusion, and recent legislation (Scott & Foresman, 1988).

Opinion. Opinion is that which the family day care provider thinks; a judgment of children with special needs and/or the related topics such as inclusion, mainstreaming and recent legislation. "Opinion suggests a carefully thought out conclusion based on facts, but without the

certainty of knowledge" (Scott & Foresman, 1988, p. 778).

### Conceptual Definitions

Child Care Resource and Referral Project. The Child Care Resource and Referral (CCR&R) Project in this study refers to a local service delivery area. The statewide Child Care Resource and Referral Project is supported by the Illinois Department of Children and Family Services. The project serves providers, families, employees, and the communities in a six county area. The project provides training, technical assistance and materials to providers to enhance the quality of child care within the area. The project assists families in locating appropriate care for children as well as serving as a source of information distribution.

Child with Special Needs. A child with special needs is defined as one with physical or mental limitations in developing age appropriate skills or participating in normal daily living activities (Gaumer, et al. 1991).

Developmental Delay. Developmental delay refers to a marked difference in the rate of development of skills that other children within the same age group have mastered or achieved (Gaumer, et al. 1991).

Inclusion. Inclusion is the placement of children with special needs into settings that are appropriate and normal for all children (Gaumer, et al. 1991).

Learning Disorder/Disability. Learning disorders or disabilities refers to a broad range of delays or difficulties in one or more areas of school work, usually in reading, writing or math skills, not due to any mental or physical impairment. Learning disorders or disabilities do not indicate a below average intelligence level (Gaumer, et al. 1991).

Least Restrictive Environment. Least restrictive environment is used by law to refer to a setting that must be as close to normal as possible and still meet the needs of the child (Gaumer, et al. 1991).

Mainstreaming. Mainstreaming is the placement of a child with special needs into a regular program for at least part of the time with minimal support and assistance from the staff (Gaumer, et al. 1991).

#### Assumptions

This study assumed the following:

1. Licensed and license-exempt family day care providers serve children with special needs within the CCR&R service delivery area.
2. The family day care providers sufficiently accommodate the children.
3. The surveyed family day care providers for the study would participate in the study.



## Chapter Two

### Review of Related Literature

Research exploring the attitudes of family day care providers caring for children with special needs is very limited. No published studies reported exclusively on the opinions, beliefs, or attitudes of family day care providers.

Therefore, the related literature focused on understanding the Americans with Disabilities Act and the Individuals with Disabilities Education Act and how these acts affect family day care providers. Other literature included research on child care arrangements, programs for young children, and supportive systems available for children with special needs. The studies reflected various models and methods used by day care providers in center-oriented programs for incorporating children with special needs into regular settings, whereas there were no studies specific to home day care providers.

#### The Americans with Disabilities Act

The Americans with Disabilities Act ensures that the children with special needs are included in normal settings. The ADA has an impact on the child care industry that may not be completely understood by the child care providers. The ADA was designed to provide each child with special needs the opportunity to participate in the most integrated setting possible while still meeting the

needs of the child. Programs must use the least restrictive environment to the fullest possible extent. (Surr, 1992).

Providers of child care programs are required to evaluate each child on an individual basis under the ADA. Providers are no longer allowed to have written policies stating they do not accept these children. Title III of the ADA prohibits child care programs from discriminating against anyone who is disabled, has a history of disability, is regarded as disabled, or has a family member with a disability. The Department of Justice is responsible for enforcing the act. Violators can be fined up to \$50,000 for the first offense, and \$100,000 for any additional violations. All child care providers can be sued for not complying with the ADA, regardless of the size of the program. (Department of Justice, 1992).

A provider may be excused from providing care for a child if the provider can demonstrate that it would be an "undue burden" to accommodate the child. This could include excessive financial resources, supportive services, (such as physical or occupation therapy) or a fundamental alteration of the nature of the program. The provider must consider all possible alternatives available before concluding that the child could not be served with the program. (Federal Register, 1991).

Providers may not be able to make architectural changes to accommodate the child. In such cases the provider may

refuse to accept the child into the program. All alternatives must be explored thoroughly and rejected before the provider can refuse to accept the child into the program. In most cases the provider is able to make reasonable changes within the program to accommodate the child with special needs. (Child Care Law Center, 1993).

Providers may also refuse to accept a child into the program if the child poses a direct threat to the health or safety of the other children or staff within the program. Considerations for determining the possibility of direct threat include the nature of the disability of the child, and the possibility of harm to others. (Child Care Law Center, 1993).

All family day care providers should be aware of the Americans with Disabilities Act. The ADA affects all members of the child care industry. How the industry responds to the ADA will be an important factor to its success to include children with special needs into the normal day care setting.

#### The Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) requires "that children who have disabilities from birth through age 21 be provided free and appropriate education and related services from the state" (Child Care Law Center, 1993). The act provides guidelines for state agencies to ensure that a child's needs are met in every way

possible. To accomplish this goal, all agencies providing services to the child must meet to prepare an Individualized Family Service Plan for children ages three to five years of age, or an Individual Education Program plan for children over the age of five. These plans include the types of services that may assist in meeting the needs of the child. The services may include physical therapy, speech and language therapy, occupational therapy, audiological services, psychological services, family education, child care services, or any other service that the child would receive in order to meet the needs of the child (Child Care Law Center, 1993).

The Individuals with Disabilities Education Act may play an important role in the type of services providers offer children with special needs. Early intervention is necessary to assist children with special needs prepare for the educational setting. Family day care providers need to be aware of the IDEA and the implications it has for the child care industry.

#### Child Care Arrangements

Research on the attitudes of family day care providers expressing their concerns about providing care to children with special needs is very limited. The New York State Developmental Disabilities Planning Council, in 1991, commissioned a report on the child care arrangements for New York families having children with special needs.

The study did not address the attitudes of the providers, but did address the types of programs that were available to children with special needs. This study indicates:

1) that the number of children with identified developmental delays or disabilities attending regular programs was very small compared to the number attending programs in specialized settings; 2) children with special needs were a small percentage of all children served in integrated family day care homes; 3) most integrated homes reported that the level of supervision required for children with special needs is "a little more" or "about the same" than that for other children; 4) approximately 53% of the home day care providers attribute their ability to accommodate children with special needs to their own personal attitudes, beliefs, or characteristics--rather than to any support they have had received to date; and 5) reasons given by those who reported non-enrollment or termination of children with special needs were related to practical considerations not philosophy, fear or blind prejudice. (Fink, 1991).

Fink reported that 41% of the providers responded that they had cared for a child with special needs within the past twelve months. However, Fink reported that many of the providers had unintentionally accepted children into the program, and did not provide continuing care for these children. The providers were either unaware of the need of the child upon admission or unable to continue

need of the child upon admission or unable to continue to meet the needs of the child once the special needs were known to the provider. The study was re-examined and the operational definition of an integrated program was changed to focus attention on those programs that offer an "active, ongoing commitment to accommodating children with developmental or other differences" (Fink, 1991, p. 88).

While the focus of the study was not on the attitudes of family day care providers, it did show that providers had practical concerns for serving children with special needs. This finding requires further study to understand the phenomenon of the family day care provider.

#### Programs for Young Children

Research on family day care providers caring for children with special needs is almost nonexistent, therefore other research is being used and adapted for child care facilities. Research has focused on strategies to prepare the child for school. Early intervention programs have incorporated strategies and models for preparing preschool children with special needs for integration into the regular classroom settings. The preparation process tends to focus on adapting the child to fit the kindergarten setting. Most often the skills used in assisting these children adapt were focused on social and behavioral skills rather than academic skills. (Haines, 1992).

Effective programs for serving children with special

The criteria for determining the effectiveness of a program may vary from state to state or from agency to agency. Fink (1991) outlined the criteria for an effective program in his study for the New York Developmental Disabilities Planning Council. The criteria examined various aspects to determine the overall effectiveness of the program and specific areas of the program needed to accommodate children with special needs. The program's philosophy must assume that most children could be successfully integrated and have the ability to individualize the program to meet each child's need. The integration of a child with special needs must also mean the integration of the parents and family of the child as well as the acceptance of the child by parents of non-disabled children within the facility. The program must include a collaborative effort with other agencies to ensure that the needs of the child are being met with little or no disruption to the routine of the child with special needs or the non-disabled children. The program must have available support staff to provide assistance to the child if necessary and adequate training of all staff personal to ensure an effective program. The physical environment must be accessible to the child with special needs in addition to insuring the safety and well-being of the child. The activities available to the child should be developmentally appropriate and accessible to the child. The staff must be able to adapt the

activities to include the child with special needs. The staff must be able to demonstrate the ability to deal with seizures, infection control procedures and other health issues. The effectively integrated programs were those that met all of the mentioned criteria at least minimally. The study identified eight programs in the New York area that were determined to have met all the criteria of an effectively integrated program. However, in the qualitative report, Fink did not discuss the attitudes, opinions, or beliefs of the providers of any of the programs.

#### Supportive Services

Early intervention programs do not necessarily provide the child with special needs the day care services the child may require. These programs focus on a family plan of services that may encompass many aspects of the needs of the child and family. Brault (1992) discussed the needs of these services to expand the early intervention program of these agencies to include infants and toddlers. The concern for these children is primarily due to the lack of developmentally appropriate practices for the very young children with special needs.

So little research has been conducted regarding infants and toddlers with special needs that providers are forced to use models and supportive services designed for preschool age children. Brault questioned the benefits of infants with special needs interacting with non-disabled infants.



Social interaction at this age is very limited, making the interventions designed for preschoolers inappropriate for use with infants. Infants and toddlers with special needs may certainly benefit from integrated settings provided that the program is one of high quality and offers appropriate curriculum (Brault, 1992).

Appropriate curriculum for children with special needs has been the focus of many researchers. "Developmental practices used in early childhood education have produced distinctly different approaches toward teaching and learning from the behavioral approaches traditionally used in early childhood special education" (Graham & Bryant, 1993, p. 31).

One such approach is documented by Hunter (1992) in a report on a model program that has been integrating children with special needs for 14 years. The Children's Place, Ltd. incorporated a multidisciplinary approach to caring for children with special needs. The overall curriculum was consistent for all children within the program. An individual program plan addressed the needs of each child within the facility to determine the appropriate approaches and practices to be utilized for the child. Hunter concluded that using this type of program enabled the parents and children with special needs to benefit from their services. The multidisciplinary approach to integrating children with special needs had a positive

impact on the skill development and social/emotional development of the children with special needs, as well as non-disabled children.

Models, strategies and support services are vital to the implementation of integration programs in the child care industry. When assessing the successes and failures of these models, research needs to be conducted to determine the characteristics of the providers. Often the success of a program is determined by the provider's attitude and commitment to the program. The provider may be resistant or unresponsive to change (Johns & Harvey, 1993; Venn & Wolery, 1992).

#### Qualitative Research

In determining the method to be used in this study, many possibilities were explored. Qualitative research appeared to have many feasible options to enhance the understanding of problems associated with providing care for children with special needs. While attitudes, opinions, and beliefs of family child care providers can be easily measured using the analytical approach, a complementary qualitative approach would provide a rich, detailed account of an area not yet examined. Qualitative design is an acceptable method of social science research, and may be beneficial in the present study. (LeCompte, Millroy, & Preissle, 1992).

### Focus Groups

Brotherson and Goldstein (1992) reported on the advantages of using focus groups. Focus groups in the past have generally been limited to consumer marketing research to test consumer perceptions of new products. Guidelines are discussed by Brotherson and Goldstein to incorporate focus group studies into the field of early childhood special education programs. The groups usually consisted of a small number of participants (6-10) and lasted approximately two hours. The participants are purposely chosen to share important characteristics to limit the discussion of focal points. Brotherson and Goldstein recommended that several focus groups be conducted to represent several sub-populations. Systemic analysis is used to provide data for the study.

As in any research, qualitative research must have credibility. To ensure this, focus groups must follow guidelines and assurances. The focus groups must have participants appropriate to the study. The most favorable groups are those that share common points of interest related to the study. The study should also use triangulation. "In the use of several methods, the strengths of one method may compensate for the weakness of another" (Brotherson & Goldstein, 1992, p 336). The authors also suggest using progressive subjectivity during the research process. They believe that the researcher's

assumptions shape interpretation of the research design. One way to limit the bias of the investigator is to use multiple researchers. This is one form of triangulation. This also establishes consistency in data collection.

A negative case analysis should be completed to examine those data that do not readily fit the emergent analytic patterns. These negative cases may appear in one focus group or several. Further examination of those data may be completed with other focus groups in the future. Member checks should be completed to ensure that the respondents have the opportunity to clarify any information the data has provided.

Following these guidelines may assist the researcher increase the credibility and trustworthiness of the method. A focus group approach may be valuable in interviewing providers at their local support group meeting. This would provide a purposive sample for the researcher at a convenient location. Focus groups serve to provide useful contextual descriptions. "Extrapolations of the focus group data from one context to others increases with the provisions of rich contextual information" (Brotherson & Goldstein, 1992, p. 340). The data extrapolated from the focus groups may be used to generate some generalizations of the attitudes, opinions, and beliefs of family day care providers caring for children with special needs. Other pertinent information may also come

from this type of research that may warrant examination by the researcher.

### In-depth Interviewing

In-depth interviews tend to be more like informal conversation than rigid, highly structured interviews (Marshall & Rossman, 1989). In-depth interviews allow the researcher to gather large pieces of data quickly and examine possible areas not considered by the researcher previously. The participants in the study may offer information that would not be otherwise examined. The researcher has the advantage of asking follow-up questions as needed which can be time-saving and may be more accurate than attempting to receive the information at a later date.

Marshall and Rossman (1989) noted the limitations and disadvantages of in-depth interviews. The interview process must involve personal interaction. The researcher and the participants must be willing to cooperate with each other to obtain the needed information. The interviewer must be skilled in addressing the pertinent questions and methods of successful interviewing techniques. The information the participant gives the interviewer must be accurate and truthful. The interviewer must be skilled in handling large amounts of data, without interjecting any personal bias. Each of these concerns need to be addressed by the researcher when utilizing this method of data collection.

This method may be the most efficient for obtaining information from the providers caring for children with special needs. The information gathered through in-depth interviews should encompass several aspects of the phenomenon of caring for children with special needs that may not otherwise be addressed. The results of the in-depth interview may well lead to further areas of research.

#### Summary

Examination of family day care providers caring for children with special needs has not been accomplished to gain a full understanding of the attitudes, opinions, beliefs and skills and techniques of these providers. Related literature is limited to methods, models, strategies, and interventions for achieving integration within many settings, most notably, for preschool children entering the educational system. The need for exploratory research is evident by this lack of information.

The Americans with Disabilities Act is very important to the child care industry. How family day care providers view the act and respond to it are valid areas for research. The literature reviewed is important in the implementation of integration of children with special needs into normal settings. The methods of integration are very necessary to the process. How the providers think and deal with children having special needs is the next step in understanding the integration process.

## Chapter Three

### Methodology

#### Design of the Study

The purpose of the study was to explore the attitudes, opinions, beliefs, and the skills and techniques of family day care providers serving children with special needs. A closed response survey was used to measure the attitudes, opinions and beliefs of the family day care provider population. In-depth unstructured interviews were conducted with five providers identifying the skills and techniques they use to care for children with special needs.

#### Population and Sample

The population of this study included all 195 licensed and license-exempt family day care providers within the service delivery area of the Child Care Resource and Referral Project located in east central Illinois. The population was determined using the CareFinder Software Package used by the statewide CCR&R agencies. The database is capable of tabulating various data and statistical information within the area, as well as the state. Surveys were sent to the 195 family day care providers.

#### Data Collection Instruments

Data collection occurred in two phases. The first phase involved a questionnaire and the second phase involved in-depth interviews with selected providers.

Care of Children with Special Needs: Provider Survey.

The researcher designed the questionnaire to examine the attitudes, opinions and beliefs of the family day care providers currently serving children with special needs. The survey also examined the number of children with special needs and identified those needs. The questionnaire included four sections. (See Appendix A.)

The first section addressed the number of children with special needs the providers were currently serving. The respondent was given no definition of the term "special need" and was expected to answer the question based on her own interpretation of the term. If the provider left the question unanswered, the researcher accepted the answer as a zero for the number of children with special needs being served.

The second section identified the types of special needs of the children whom the providers serve. The respondents were to indicate those conditions with a check mark next to the condition. All conditions that were left unchecked were considered as serving no children with that condition.

The third section of the questionnaire included 5-point Likert-type response items with strongly agree, agree, no opinion, disagree, and strongly disagree to determine the general attitudes, opinions, and beliefs of the family day care providers. This section centered



on four general themes: 1) the attitudes of family day care providers concerning the Americans with Disabilities Act; 2) the personal beliefs of the providers concerning themselves and children with special needs; 3) the opinions of the providers related to serving children with special needs; and 4) the effects of including children with special needs in the family day care programs.

The last section of the questionnaire was for comments. The questionnaire was accompanied by a cover letter explaining the intent of the questionnaire, the time limit for returning the questionnaire, and information about an incentive for returning a completed questionnaire. (See Appendix A.)

A panel of judges reviewed the statements prior to the distribution of the survey for content validity. The internal consistency reliability coefficient for the survey was .8863.

Provider Techniques Used to Care for Children with Special Needs. In-depth interviews were conducted with five of the respondents who returned the survey. The interview and process consisted of a general format: 1) greetings and a brief summary of the purpose of the interview by the researcher; 2) explaining the purpose of taping of the interview; 3) discussing time limits; 4) using the "script" as a guideline to ask the provider about the techniques and skills she uses to care for a

child with special needs and to obtain information on changes she makes within the home and program to accommodate the child and challenges of caring for a child with special needs; and 5) closing the interview, which included asking the provider what CCR&R could do to assist the provider serving children with special needs. (See Appendix B.)

#### Procedure for Collecting Data

The questionnaire was sent to 195 licensed and license-exempt family day care providers within the CCR&R six county service delivery area. A cover letter was used to explain the intent of the survey, time limitations and the incentive for completing and returning the survey promptly. The incentive for completing the survey was a \$25.00 dollar gift certificate from a nationwide discount store. All providers returning a completed survey within the time limit were included in the drawing. A self-addressed, stamped envelope was included with the questionnaire and cover letter to encourage the return of the survey. The questionnaires were separated from the names of the respondents before data analysis to insure confidentiality.

The in-depth interview was conducted by the researcher with five family day care providers currently serving children with a variety of special needs. The purpose of the interview was to identify the skills and techniques used by the providers of integrated programs. The criteria used to determine the participants were: 1) the subject

was willing to participate in the study; 2) the subject was currently caring for children within her home; and 3) the subject must have had an integrated child care program in place at the time of the interview. The final determination of the subjects was made by identifying providers serving children with a variety of special needs. Field notes and the audio tapes from the interviews were assessed for detail, relevance, and evaluator bias. The researcher asked permission of each participant to record each interview, using a voice-activated tape recorder. A consistent procedure for writing, labeling and collapsing all data was established prior to the interviews.

#### Pilot Test

The Care of Children with Special Needs: Provider Survey was given to two non-licensed providers. In both instances, the providers did not indicate "no opinion" as a response. They did comment that the "no opinion" response would mean that they either did not know the answer or had never considered the information before.

The in-depth interview was tested with two parents of a child with special needs. The general information from the interview reflected their concerns when interviewing a provider to care for their child.

#### Data Analysis

The data from the Care of Children with Special Needs: Provider Survey were analyzed by the Statistical Package

for the Social Sciences (SPSS). The frequency and percentages were determined for the number of children with special needs currently receiving care and the conditions of those children. The frequency and percentages were also determined for the thirty questions asking the providers about their attitudes, opinions, and beliefs in four general theme areas. The four themes were: 1) the attitudes of family day providers concerning the Americans with Disabilities Act; 2) the personal beliefs of the providers concerning themselves and children with special needs; 3) the opinions of the providers concerning serving children with special needs; and 4) the effects of including children with special needs into the family day care program.

The data collected from the in-depth interviews were organized into common themes or patterns that occurred frequently. These themes were based on the responses to the questions asked during the interview and comments made by the providers.

## Chapter Four

### Results and Discussion

The purpose of this study was to explore the phenomenon of family day care providers caring for children with special needs. The study was conducted in two phases. The first phase was to examine the attitudes, opinions, and beliefs of family day care providers concerning children with special needs. The Care of Children with Special Needs: Provider survey was used for this purpose. Of the 195 surveys mailed, 68 (35%) were returned. The second phase of the study used in-depth interviews to examine the skills and techniques used by providers currently caring for children with special needs.

#### Number of Children with Special Needs Receiving Care

The first objective of the study was to identify the number of children with special needs served by family day care providers as reported by those providers. Of the 68 providers responding to the survey, 22 (32%) left the question unanswered. In those instances the researcher assumed the answer as none or zero. Twenty-one (31%) providers indicated that they did not serve any children with special needs at the time of the study. When combining the no answer responses with the "did not serve any children with special needs at the time," 43 (63.2%) of the providers were not serving children with special needs at the time

of the survey. Of the 68 respondents, 25 (36.8%) indicated they were currently caring for at least one child with special needs. Three providers did not indicate that they cared for children with special needs, yet in the second category (the conditions of the child with special needs) the providers checked various conditions. A total number of 62 children with special needs were currently receiving care from the providers. Of those 25 providers, eight cared for one child with special needs, six cared for two children, six cared for three children, one cared for four children, and four stated they cared for five or more children with special needs at the time of the survey.

(See Table 1.)

Table 1.  
Number of Providers Currently Serving Children with Special Needs.

Number of Children (n = 62)	Frequency of providers	Percent
Zero	43	63.2
One	8	11.8
Two	6	8.8
Three	6	8.8
Four	1	1.5
Five or more*	4	5.9

\*Data collapsed due to small numbers in each category.

#### Types of Special Needs of Children

The second objective of this study was to identify the types of special needs of the children being served by family day care providers. The family day care providers responding to the survey indicated they were serving 62

children with special needs. The most commonly reported conditions were speech problem (23), asthma (19), allergies (17) and behavior problems (10). For the 62 children identified having special needs, there were a total of 130 conditions indicated by the family day care providers. These findings suggested at least some children had multiple conditions. (See Table 2.)

Table 2.  
Frequency of Conditions Reported by the Providers of the Children Receiving Care.

Condition	Frequency (n = 130)
Speech Problems	23
Asthma	19
Allergies	17
Behavior Problems	10
Special Diets	9
Learning Problems	9
Developmental Disabilities	9
Hearing Problems	8
Attention Deficient Hyperactivity Disorder	5
Mental Retardation	4
Emotional Problems	3
Physical Disabilities	3
Physical Ailments	3
Visual Problems	3
Autism	0
Other:	
Seizures	2
Cerebral Palsy	1
Down's Syndrome	1
Heart Defect	1

Frequencies are based on those providers responding to the survey statement.

#### Attitudes, Opinions and Beliefs of Providers

The third objective of the study was to identify the attitudes, opinions, and beliefs of family day care

providers regarding children with special needs. The researcher identified four themes to be examined. The first theme explored the attitudes of family day care providers concerning the Americans with Disabilities Act (ADA). The seven statements in the survey pertaining to the ADA theme were not answered by every provider responding to the survey. Several of the providers placed a question mark next to statements or wrote comments such as "not familiar with this" indicating they were unsure how to respond to the statement. Of the 66 providers responding, 59 (89.4%) indicated that the ADA did not apply to their program or they were not familiar with the ADA. Fifty-nine of the 63 providers responding to the statement indicated they needed more information about the ADA. The need for more information is evident in the statement concerning the benefits of the ADA for children with special needs. Only 17 (27.4%) of the 62 respondents agreed that children with special needs would benefit from the ADA. However, 35 (55.5%) of the 63 respondents agreed that having a child with special needs in a regular setting was a good idea.

Although the Americans with Disabilities Act states that children with special needs cannot be charged more because of their disabilities, 48 (76.2%) of the 63 providers responded that they should be able to charge more for caring for a child with special needs. Providers



also responded that they wanted to be able to turn down children with special needs or not accept the children into their programs. Of the 62 providers responding to the statement, 49 (79%) indicated that home day care providers should not be forced to accept children with special needs. (See Table 3.) Comments made by the providers included remarks such as "our home is not approved for special care children" or "I feel having a child with special needs would take away from what I have to offer to the children I currently have, including my own."

Table 3.  
Frequency and Percent of Providers' Agreement to Statements Pertaining to the Americans with Disabilities Act.

Statement	N*	Frequency	Percent
Providers need more information on ADA	63	59	93.6
ADA does not apply or not familiar with ADA	66	59	89.4
Providers should not be forced to accept children with special needs	62	49	79.0
Providers should be able to charge more	63	48	76.2
Having a child with special needs in regular settings is a good idea	63	35	55.5
Children will benefit from the ADA	62	17	27.4

\*Number of providers out of 68 responding to the statement.

The second theme in the study included eight statements focusing on the personal beliefs of the providers concerning themselves and children with special needs. Of the 62 providers responding to the statement, 32 (51.5%) believed that they either would not enjoy or did not know if they would enjoy caring for children with special needs. The most common remarks made by the providers were that the type of special needs would determine if they could care for the child. Fifty-six (82.4%) of the 68 providers responding to the statement believed they would be able to care for children with limited special needs. Many of the comments reflected this belief: "I think the final deciding factor would be what the special needs is." Another comment was "A lot [sic] of my answers would depend on what the child's handicap was and what specific needs would need to be met. I don't believe a lot [sic] of the day care homes would be equipped for these children (wheelchairs, etc.)."

Formal education, supportive services and instructions from the parents may assist the provider in caring for children with special needs. Thirty-four (52.2%) of the 67 providers responding to the statement indicated that formal education would be necessary to care for children with special needs. (See Table 4.) One provider commented, "there is always updates on things to learn," while another provider felt that education helps, but is not required

to care for children with special needs. "A person could do it without training, but training and education help." The majority of the providers believe they are capable of serving children with special needs, but training, education, and cooperation from the parents would be beneficial.

Table 4.  
Frequency and Percent of Providers' Agreement to Statements Related to Themselves and Children with Special Needs.

Statement	N*	Frequency	Percent
Could care for children with limited special needs	68	56	82.4
Capable of caring for children with special needs	67	43	64.2
Difficult to take child into program	63	34	54.0
Would need formal education to care for children with special needs	67	34	52.2
Would not enjoy working with children with special needs	63	32	51.5
Would be able to care for child with special needs with help from parents	61	31	50.8
Supportive services would help providers	68	32	47.0
Would be a positive experience to have a child with special needs in the program	66	30	45.5

\*Number of providers out of 68 responding to each statement.

The third theme used seven statements of the survey to examine the opinions of the providers concerning serving children with special needs. Of the 68 providers responding to the statement, 57 (83.3%) were of the opinion that children with special needs should be placed with other children. Fifty-one (77.3%) of the 66 providers responded that children with special needs would not have a negative influence on other children. Nine providers (13.6%) responded the children would have a negative influence on other children. The providers based their answers on personal experiences and opinions.

"I think some behavior problems can badly influence other children. For instance; I cared for a child who played very violently and who was an extremely hateful and angry child. After I got complaints from parents that their kids were picking up his behavior and saw my two year old doing the same; I dropped him from my program."

These experiences do not reflect the majority of the opinions of the provider, however. Thirty-nine (61.9%) of the 63 providers were of the opinion that it was safe to include children with special needs in family day care programs. Thirty-one (46.3%) of the 67 providers responding to the statement agreed that children with special needs would not disrupt their program. A concern expressed by 53 (79.1%) of the 67 providers was that children with

special needs would require more attention and services than the providers could offer. Yet, only 24 (36.9%) of the 65 respondents were of the opinion that children with special needs could receive better care in other programs. (See Table 5.) Overall, providers are of the opinion that children with special needs in their programs would be beneficial to all involved.

Table 5.

Frequency and Percentage of Providers' Agreement to Statements Related to Children with Special Needs.

Statement	N*	Frequency	Percent
Children with special needs should be placed with other children	67	57	83.8
Children with special needs require more attention and services	67	53	79.1
Children with special needs would not have a negative influence on others	66	51	77.3
Other children would benefit from being with a child with special needs	63	44	69.8
Safe to include children with special needs in family day care program	63	39	61.9
Children with special needs would not disrupt program	67	31	46.3
Children with special needs receive better care in other programs	65	24	36.9

\*Number of providers out of 68 responding to each statement.

The last theme used eight statements from the survey to explore the effects of including children with special needs into the family day care program. Forty-five (68.2%) of the 66 providers felt that their programs would meet the needs of the child. One area of concern was providing the necessary equipment and facilities to accommodate some children. Twenty-eight (41.2%) of the 68 respondents indicated they could not provide services due to inadequate equipment and facilities. Forty-three (64.2%) of the 67 providers responding to the survey agreed that the government should help pay for programs for children with special needs. Thirty-two (52.4%) of the 61 providers agreed that children with special needs would require that the program be changed. Including children with special needs in the family day care program could change the program, but only 14 (20.9%) of the 67 providers felt that a day care center would better care for the children. (See Table 6.)

Fifty-four (79.4%) of the 68 providers responded that providers with special training would be better able to care for children with special needs. Many of providers commented on the need for training and skills: "I do not provide care of children with disabilities due to the lack of my skills and time each child needs to have a healthy day care environment."

One provider concluded her survey by stating "I think day care providers need special training to provide service for children with special needs. It depends on the type of disability, whether or not programs would need to be changed, cost should be more etc..."

Table 6.

Frequency and Percentage of Providers' Agreement to Statements Related to the Effects of Including Children with Special Needs into Family Day Care Programs.

Statement	N*	Frequency	Percent
Providers with special training would better care for children	68	54	79.4
Program would meet the needs of the child	66	45	68.2
Government should help pay for programs for children	67	43	64.2
Children with special needs require different kinds of activities	60	32	53.3
Children with special needs require that the program be changed	61	32	52.4
Equipment and facilities are inadequate for children with special needs	61	28	41.2
Social Service agencies should provide care for children with special needs	63	18	28.6
Day care centers would better care for children with special needs	67	14	20.9

\*Number of providers out of 68 responding to each statement.

Providers would like to have more information on the ADA, yet feel that children with special needs should be integrated into the family day care homes. Providers felt capable of caring for children with special needs; yet training, education, and support from parents would be beneficial.

Of the 68 providers responding to the survey, 41 (60.3%) wrote comments on the survey. Through content analysis, the remarks indicated the attitudes toward caring for children with special needs frequently (a) depended on the type of special needs of the child, (b) depended on the individual child, and (c) depended on the child and/or the severity of the special needs. A total of 66 comments were made stating that the ability to agree or disagree depended on the child and needs. (See Appendix C.)

#### Provider Techniques Used To Care For Children With Special Needs

The fourth objective and second phase of the study was to identify the skills and techniques used by providers currently caring for children with special needs. In-depth interviews were conducted with five providers currently caring for children with special needs. The criteria used to determine the participants were: (a) the subject was willing to participate in the study, (b) the subject was



currently caring for children within their home, and (c) the subject must have had an integrated child care program in place at the time of the interview. The final determination of the subjects was made by identifying providers serving children with a variety of special needs. The five providers were currently caring for a total of 15 children with special needs. Some of the needs of the children included: (a) behavior problems or ADHD; (b) seizures; (c) cerebral palsy; (d) asthma; (e) speech problems; and (f) developmentally disabled.

#### Background Information

All five of the providers had been serving children for over four years. During this time, all five providers had cared for at least five children with special needs. Overall, the providers had not received any formal education or training to care for children with special needs: (a) one provider was a licensed practical nurse; (b) one provider took first-aid classes and sign language classes; and (c) one provider had a grown child with multiple special needs.

#### Changes to Accommodate Child with Special Needs

None of the providers interviewed had made any physical changes to the home to accommodate children with special needs. One provider had made changes to her home for her own child many years ago. The providers were able to rearrange toys, games, and other necessities to make them

readily available to all children. Four of the five providers used low open shelves for all children to have access to the materials. The fifth provider used several bins for toys and games and a bookshelf for books, pencils, crayons, and markers.

All five providers indicated that the children had no physical disabilities that would prohibit participation in the majority of activities. All providers stated that they adapted the active games so that the children with special needs could also participate. Often the providers indicated that they changed the program for the child; "I treat all my kids the same, I just change the game a little so that all can play." The changes most often mentioned were the time limits of the activity. All providers cared for children with behavior problems or attention deficient hyperactivity disorder (ADHD). For this reason the providers shortened activities to accommodate those children, or had alternative activities ready for the child if needed.

All providers emphasized the importance of treating the child as equally as possible to the other children, and with respect and dignity. One provider stated that she makes an effort to pay attention to how the non-disabled children treat the child with special needs. When she sees them behaving the same way toward the child that they do with others, she feels she is successful in integrating

the child into her program. "The regular kids take it for granted that she can do anything she wants to, and they don't baby her." (The child has cerebral palsy.) Another provider stated that "the children are all the same, underneath the special needs."

#### Identifying Skills and Techniques

One common area among the five providers was the ability to adapt to a situation quickly. One provider mentioned that she was having difficulty getting one child to pay attention to her during activities.

My first thought was to keep his attention long enough to show him how to do the activity. So I just put my hands on each side of his face and told him to look at me. I was able to give him the instructions I needed to. Now, whenever I need his attention, I do that.

Discipline. Behavior problems seemed to concern the providers most often. All of the providers stated that discipline was the most frustrating part of caring for a child with behavior problems or ADHD. All of the providers used some form of "time-out" procedures for discipline. One provider used a chair for "time-out," while three of the providers placed the child in a corner facing the wall. The fifth provider used "time-out" by placing the child in an area with Bible Scriptures and stories on the walls around the area for the child to look at and read while in "time-out."

One provider stated that she became very frustrated

with the mother of one of the children because no discipline was used in the home. The provider felt that the child would not have a behavior problem if the mother would be consistent and active in her parental role.

One provider indicated that in designing the survey the researcher had not listed a very important special need. She was currently caring for three children who had been severely abused in the very recent past. She reported she did not mark emotional problems on the survey because she felt that it was much more than just an emotional problem for these children. She starts every morning with these children with "rocking time" in which they sit in her lap and rock with her while she tells them Bible stories and positive messages. The provider feels that this time together may be the only positive physical contact the children receive. "Behavior is sometimes a communication tool for kids, and you almost have to be a detective; what is the kid saying in this behavior, what is the trouble here?"

Helping the Child. All of the providers mentioned the importance of working with the parents as much as possible. Cooperative parents make the job easier. One provider reported that to care for the child, she had to understand the entire family. "It's not children with special needs, it's families with special needs." She developed good listening skills by talking with the parents.

She learned to recognize when problems occurred at home before the parent told her just by the way the children and parents acted when they arrived. She then felt she could better care for the child and be more patient if necessary.

One provider learned sign language to better communicate with a child with a hearing problem. By being able to learn sign language with the young child, she knew exactly what lessons were being taught to the child and could reinforce the lessons in her program. The other children in the program soon began learning sign language during this time.

Sharing Ideas. All of the providers felt the one idea to share with other providers would be to have patience. All of the providers indicated that all children can try their patience from time to time, but children with special needs may require even more patience and understanding. One provider stated that she tries to remember that the problem is often not the child's fault, but is usually a problem of what she expects from the child.

Reading about the particular need of the child has been helpful for all of the providers. Most of the information they read was from magazines and newspaper articles about a particular type of special need. Usually the providers focused on articles that applied directly to the children they were serving at the time. All

providers agreed that they would not want to be overwhelmed with a great deal of information of various types of special needs. None of the providers indicated that they made an extra effort to locate information about a particular need or special needs in general. One provider indicated that if she were at the library and accidentally located information, she may or may not check the information out. She stated that she does not have the time or inclination to read about one type of special need.

Three of the providers indicated that hands-on experience was the best teacher. Two of the providers cared for children with seizure disorders. They felt that overcoming the trepidation and fear of the unknown was the most difficult aspect of caring for a child with this type of need. Having another adult with them the first time they witnessed a seizure would have been very helpful, or having some practice before they accepted the child into their program.

The providers reported that it takes very little creativity to care for a child with special needs. It does require common sense. "If I see he can't do something by himself, I just look for ways that he can. It may just be letting him alone to figure it out on his own." Three providers indicated that the children will often let the providers know what needs to be done for them. Two providers also indicated that the other children were very

quick to see problems or areas where the child may require assistance or guidance.

### Resources

All of the providers would like to have some information on specific special needs. Most often a pamphlet or an article in the Provider Press (a newsletter published by CCR&R) was requested. One provider suggested that short video tapes be developed so that she could watch them in her home when she had time. Another provider would like to have activity kits that are designed to help children with behavior problems or ADHD. One provider suggested a workshop on better communication skills to deal with discipline problems. All providers indicated they would not be interested in attending a seminar, workshop, or college course on serving children with special needs.

The skills and techniques of the providers are what they consider "common sense" skills of dealing with children on a daily basis. They attributed their skills to experience and not from information from resources. The providers reinforced the importance of accepting each child and the type of special needs on an individual basis. All providers interviewed stated they had turned children away from their program due to the inability to accommodate the child. However, the providers indicated that they made every effort possible to accommodate the children

before recommending other placements. The providers indicated that training in certain areas would be beneficial, but not necessary to care for a child with special needs.



## Chapter Five

### Summary, Conclusion and Recommendations

#### Summary

The purpose of the study was to explore the phenomenon of family day care providers caring for children with special needs. The study was completed in two phases. The first phase explored the attitudes, opinions and beliefs of family day care providers on issues concerning children with special needs. The second phase of the study examined the skills and techniques used by providers to care for children with special needs.

The research objectives of the study included: (a) identifying the number of children with special needs being served by family day care providers; (b) identifying the types of special needs of the children being served by family day care providers; (c) identifying the attitudes opinions and beliefs of family day care providers regarding children with special needs; and (d) identifying the techniques and skills used by providers to accommodate children with special needs in their program.

To accomplish the objectives, the study was conducted in two phases. The first phase used the Care of Children with Special Needs: Provider Survey. This self-report questionnaire was developed to identify the number of children with special needs receiving care, the types of special needs of these children, and the attitudes, opinions

and beliefs of the providers regarding serving children with special needs. The survey identified four major themes to examine the attitudes, opinions, and beliefs of the providers regarding the care of children with special needs. These themes included: (a) exploring the attitudes of family day care providers concerning the Americans with Disabilities Act; (b) exploring the personal beliefs of the providers concerning themselves and children with special needs; (c) exploring the opinions of the providers; and (d) exploring the effects of including children with special needs into the family day care programs.

The Care of Children with Special Needs: Provider Survey was mailed to 195 family day care providers in a six county area. Sixty-eight providers returned a completed survey; 40 of those providers wrote comments on the survey. The survey was analyzed by computer using the Statistical Package for the Social Sciences.

The Provider Techniques Used to Care for Children with Special Needs In-depth Interview explored the skills and techniques of five family day care providers caring for children with special needs. The interview focused on: (a) background information of the provider and her program, (b) home and program changes to accommodate children with special needs, (c) providers' skills and techniques, (d) discipline, (e) helping the child, and (f) sharing ideas for other providers.

The study addressed the objectives and research questions of the phenomenon of family day care providers serving children with special needs. The majority of the providers responding to the survey were not currently serving children with special needs; 25 providers were serving 62 children with 130 various conditions. The most commonly reported conditions were speech problems, asthma, allergies, and behavior problems. The majority of the providers felt that they needed more information on the Americans with Disabilities Act. They believed they were capable of caring for children with special needs, especially those with limited special needs. Providers agreed that children with special needs should be placed with other children, and that overall, having children with special needs in the program would be a positive experience.

The most commonly reported program change to accommodate children with special needs was to modify the length of time for activities, and to offer a variety of activities for children with ADHD or behavior problems. None of the providers had to make physical changes in their homes to accommodate the child with special needs. They may have rearranged toys and equipment for easier access for the child, but reported the changes benefited all of the children. They also emphasized the importance of treating of all the children equally and with dignity and

respect.

### Limitations

The population of the study was limited to the rural area of central Illinois. Other populations in urban and suburban locations may have a more diverse population. The attitudes, opinions, and beliefs of these more diverse populations may differ from the population under study.

The use of a neutral response within the Likert-type responses gave the providers the opportunity to neither agree nor disagree with each statement. Eliminating the "no opinion" option would force the providers to choose an attitude, opinion or belief rather than a neutral response.

### Conclusions

In conclusion, nearly 37% of the respondents were caring for children with special needs at the time of the survey. These respondents were caring for at least 62 children with special needs. Those children had a total of 130 special needs; many children had multiple needs. The most commonly reported conditions of the children included speech problems, asthma, allergies, and behavior problems.

The providers needed information on the Americans with Disabilities Act (ADA) and how it affects their programs. They did not know that the ADA applied to their programs. Less than one-third of the providers agreed

that children with special needs would benefit from the ADA. However, over half of the respondents believed that having a child with special needs in regular settings would be a positive experience for all involved. They also believed they were capable of caring for children with special needs, but did not wish to think they were being forced to accept children with special needs because of the ADA. They believed that they should have the right to choose which children to accept in their programs and be able to charge more for caring for the children with special needs or that the government should help pay for programs for children with special needs.

The providers felt strongly that the type of special needs and the individual child would be the deciding factor whether or not they would accept the child into their program. The providers were not willing to stereotype all children and all types of special needs. They overwhelmingly responded that each child must be assessed individually. Although children with special needs may require more time, attention, and services than non-disabled children the providers were willing to give the extra effort for these children. The majority of the providers felt that a family day care home could meet the needs of the children as well as a day care center. The providers viewed themselves as capable of caring for the children, especially those children with limited special needs.

The providers seemed concerned about discipline problems with children with Attention Deficit Hyperactivity Disorder (ADHD) or behavior problems. While the providers tended to use time-out as the main method of discipline, they consistently agreed that it was not always effective. All interviewed providers clearly stated they needed more effective approaches to discipline.

Whereas the providers did not want to attend college/university courses, workshops, or conferences to learn about children and inclusion, over half of them agreed that formal education was necessary to care for the children with special needs. The interviewed providers indicated that hands-on experience was very important. Assistance from the parents would enable the provider to care for the children, as would brief information such as pamphlets and articles directly related to the condition of the child currently in their care. The majority of the providers did not think that supportive services would be of any assistance to them in caring for children with special needs.

While the majority of the providers in this study were not currently caring for children with special needs, they repeatedly reported that each child must be evaluated on an individual basis and children should not be stereotyped. Even providers not currently caring for children with special needs felt capable of doing so, and

felt that it would be a positive experience for all involved.

#### Recommendations and Implications

Future research should be conducted with a larger population examining the attitudes, opinions, and beliefs of family day care providers regarding children with special needs. More diverse populations may better represent the family day care providers regarding children with special needs.

Larger and more diverse populations may also be beneficial for in-depth interviews. Focus groups, such as the provider support groups, could provide researchers with large amounts of data pertaining to the skills and techniques of serving children with special needs.

These data would be beneficial for agencies providing educational materials, resources or other information to family day care providers. Clearly, providers in this study desired more information, but were unwilling to attend workshops, seminars, or college courses to obtain this information. A larger population may support this finding and give researchers an acceptable way to distribute information to providers in this area.

Since the participants of the survey and interviews were entirely female, more intensive phenomenological interviewing may assist the researcher gain insight to family day care providers' attitudes, opinions, and beliefs

regarding serving children with special needs. "Some feminists who engage in intensive interviewing label their method 'phenomenological interviewing,' an interviewee-guided investigation of a lived experience that asks almost no prepared questions" (Reinharz, 1992, p. 21). The phenomenological interview would provide rich, detailed information to help understand how the providers serve children with special needs.

The phenomenon of family day care providers serving children with special needs requires the attention of human service agencies, educators, parent support groups, early intervention programs, and those concerned with training providers. Parents of the children with special needs are requesting care for these children to return to work or to meet their own needs (CCR&R, 1994).

Locating quality care for the families is a primary goal for Child Care Resource and Referral Projects. Every effort should be made to meet this goal. Barriers to including children with special needs may be due any number of reasons, but the attitudes, opinions, and beliefs of family day care providers should not be the barriers that prevent children with special needs from receiving quality child care in a natural setting.

Education through schools, colleges/universities, Cooperative Extension, CCR&R, and parenting organizations need to offer current and potential child care providers



information on the applicable ADA components, children and inclusion. Approaches for distributing the information could include single page flyers, newsletter articles, short videos, activity kits, and workshops.

Marsh (1992) reports that almost 40% of Illinois families requesting care desire a family day care home for their children, while another 40% desire a family day care home or center (whichever has open slots available). However, those findings do not necessarily reflect families with children with special needs. Fink (1992) reported that parents whose children may need supportive services may rearrange their lives in order to care for their child, rather than using outside sources of child care. Fink also reports that families receive messages from professionals, such as physicians, that the children require services from specialists.

Child care providers have heard the same messages as parents about children with disabilities needing the care of highly trained experts. This contributes to a reluctance to serve these children even among those who are in no way prejudiced or looking for an excuse to practice discrimination. (Fink, 1992, p. 42.)

The providers indicated that supportive services, such as early intervention programs and Cooperative Extension, would not be beneficial to assist them in caring for children with special needs. If the providers continue to believe this, then the best of services and programs will be of no benefit to these providers.

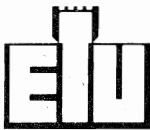
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## APPENDIX A



Eastern  
Illinois  
University

BOARD OF GOVERNORS UNIVERSITIES

Child Care Resource and Referral  
School of Home Economics  
Klehm Hall, Room 217  
Charleston, Illinois 61920-3099  
(217) 581-6698  
(800) 545-7439

February 4, 1994

Dear Family Day Care Provider,

Your opinions are needed. Very little information is available explaining the role of the family day care provider in caring for children with special needs. Now is the time to ask you, the family day care provider, about your opinions and how you care for children with special needs. Your response to the questionnaire will assist in developing a better understanding of family day care providers and their care of children with special needs. Your name and individual responses will be kept confidential. The highlights of the questionnaire responses will be included in the Provider Press.

All family day care providers must return the completed survey and the form below by February 22, 1994 to be entered for the drawing of a \$25.00 gift certificate from Wal-Mart. A return envelope is enclosed for your convenience.

If you have any questions, concerns or comments, please call me at the CCR&R office at 1-800-545-7439 or 581-6698.

*Pamela S. Smith*

Pamela S. Smith  
Graduate Student  
Child Care Specialist

*S. Jayne Ozier*

S. Jayne Ozier, PhD.  
Thesis Advisor  
Director CCR&R

\*\*\*\*\*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

# CARE OF CHILDREN WITH SPECIAL NEEDS: PROVIDER SURVEY

Please indicate the number of children with special needs for whom you care: \_\_\_\_\_

Check the conditions of these children:

<input type="checkbox"/> Special diets	<input type="checkbox"/> Developmental delays
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Learning problems	<input type="checkbox"/> Behavior problems
<input type="checkbox"/> Physical disabilities	<input type="checkbox"/> Visual problems
<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Physical ailments
<input type="checkbox"/> Emotional problems	<input type="checkbox"/> Autism
<input type="checkbox"/> ADHD	<input type="checkbox"/> Other _____

Please circle the response that best describes your opinion.

1. I am capable of caring for children with special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
2. I would require formal education in order to care for children with special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
3. I could care for children with limited special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
4. I don't think children with special needs should be placed with other children.  
strongly agree   agree   no opinion   disagree   strongly disagree
5. Children with special needs require much more attention and services than other children.  
strongly agree   agree   no opinion   disagree   strongly disagree
6. A day care home would not meet the requirements of a child with special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
7. Children with special needs may have a negative influence on other children.  
strongly agree   agree   no opinion   disagree   strongly disagree
8. Children with special needs deserve more equipment and better facilities than I can offer.  
strongly agree   agree   no opinion   disagree   strongly disagree
9. Children with special needs can receive better care in other types of programs.  
strongly agree   agree   no opinion   disagree   strongly disagree
10. Children with special needs would be disruptive to my program.  
strongly agree   agree   no opinion   disagree   strongly disagree
11. Day care centers would be better able to care for children with special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
12. Providers with special training would be better able to care for children with special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
13. The Americans with Disabilities Act does not apply to my program.  
strongly agree   agree   no opinion   disagree   strongly disagree
14. The government should help pay for programs for children with special needs.  
strongly agree   agree   no opinion   disagree   strongly disagree
15. I would care for children with special needs if I had supportive services to assist me with any problems.  
strongly agree   agree   no opinion   disagree   strongly disagree
16. It would be a positive experience to have a child with special needs in my program.  
strongly agree   agree   no opinion   disagree   strongly disagree

17. The other children in the program would benefit from being with a child with special needs.  
strongly agree agree no opinion disagree strongly disagree
18. It is wrong to force home day care providers to accept children with special needs into their private homes.  
strongly agree agree no opinion disagree strongly disagree
19. Including children with special needs into regular family day care homes is a good idea.  
strongly agree agree no opinion disagree strongly disagree
20. Children with special needs will benefit from the Americans with Disabilities Act.  
strongly agree agree no opinion disagree strongly disagree
21. More information should be given to family day care providers about the Americans with Disabilities Act.  
strongly agree agree no opinion disagree strongly disagree
22. Family day care providers should be able to charge more to care for children with special needs.  
strongly agree agree no opinion disagree strongly disagree
23. Children with special needs require different kinds of activities than other children.  
strongly agree agree no opinion disagree strongly disagree
24. It is not safe to include children with special needs in the family day care home.  
strongly agree agree no opinion disagree strongly disagree
25. More information would help me to understand the Americans with Disabilities Act.  
strongly agree agree no opinion disagree strongly disagree
26. Social service agencies should take care of providing care for children with special needs.  
strongly agree agree no opinion disagree strongly disagree
27. I think I could take a child with special needs into my program with little difficulty.  
strongly agree agree no opinion disagree strongly disagree
28. I would enjoy working with children with special needs.  
strongly agree agree no opinion disagree strongly disagree
29. I could care for any child with special needs if the parents would show me what to do.  
strongly agree agree no opinion disagree strongly disagree
30. Children with special needs would require that I change my program.  
strongly agree agree no opinion disagree strongly disagree

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## APPENDIX B

**PROVIDERS CARING FOR CHILDREN WITH SPECIAL NEEDS  
IN-DEPTH INTERVIEW SCRIPT**

Hello, I am Pam Smith. I would like to take this opportunity to further explain the reason for this interview and what we will be discussing, and what I hope to accomplish using the information you give to me today.

I am completing this research as part of my graduate work at Eastern Illinois University. This research will also benefit providers through in the area when this information is given to the CCR&R Project. They will be able to better understand the needs of the providers caring for children with special needs and share information in the newsletter.

The interview process should take about 30-45 minutes to complete, but that a 1½ hour limit has been set in order to complete the interview. Feel free to stop the interview if you need to care for a child. The interview will be taped on an audio cassette recording so that I may focus on our conversation without taking a great deal of notes. This tape will be only for the purpose of this study, and your name will not be used in the report.

We will be covering areas dealing with the care of children with special needs. The first part of the interview will be basic information about how long you have been caring for children, the number of children with special needs you have served, training, and the conditions of the child. This should take about 3-5 minutes. I am interested in discussing how you are able to accommodate the child into your program; what changes you have made in your home and program. We should spent about 10-15 minutes on this topic.

I am especially interested in identifying your skills and techniques that you use to care the child with special needs. I really want to know how you do what you do. This part of the interview should take about 15-20 minutes to complete.

At the end of the interview we can discuss possible ways that CCR&R may be of assistance to you.

**BACKGROUND INFORMATION:**

(ASK QUESTIONS AS WRITTEN)

**CHANGES TO ACCOMMODATE THE CHILD WITH SPECIAL NEEDS**

I want to know what kind of changes you made in your home and in your program to "fit" the child with special needs (USE THE NAME OF THE CHILD WHEN POSSIBLE).

(IF THE PROVIDER DOES NOT OFFER INFORMATION, USE THE CUES

AS WRITTEN.)

IDENTIFYING SKILLS AND TECHNIQUES

How do you do what you do? How do you care help the child "grow" or develop while he/she is here?

(IF THE PROVIDER DOES NOT OFFER INFORMATION, USE THE CUES AS WRITTEN.)

CLOSING COMMENTS

What would you like to see CCR&R do for you to help you care for children with special needs?

(IF THE PROVIDER DOES NOT OFFER INFORMATION, USE THE CUES AS WRITTEN.)

# PROVIDER TECHNIQUES USED TO CARE FOR CHILDREN WITH SPECIAL NEEDS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Time: \_\_\_\_\_

City: \_\_\_\_\_

Actual Time: \_\_\_\_\_

## Background

1. How long have you been providing care? \_\_\_\_\_

2. How many children with special needs have you served? \_\_\_\_\_

3. Have you had any training to care for the child? If so, what? \_\_\_\_\_

4. What conditions does the child/children have? \_\_\_\_\_

Time: allow 3-5 minutes

Actual time: \_\_\_\_\_

## Changes to accommodate child with special needs

### HOW DO YOU DEAL WITH A CHILD WITH SPECIAL NEEDS?

#### Cues:

1. Have you had to make any changes in your home to accommodate the child? If so, what changes and how did you do it? \_\_\_\_\_

2. What changes did you make in your daily activities? \_\_\_\_\_

3. How have you accommodated the child into a normal setting? \_\_\_\_\_

Time allowed: 10-15 minutes

Actual time: \_\_\_\_\_

Identifying skills and  
techniques

HOW DO YOU DO WHAT YOU DO?

Cues:

1. What have been your greatest  
challenge in serving children  
with special needs?

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2. How do you do what you  
do to help the child?

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3. If you were training  
someone to care for this child,  
what ideas would you share with  
them.

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4. How have you promoted the  
child's whole development?

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5. How have you helped the  
child develop self-help skills?

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Time allowed: 15-20 minutes

Actual time: \_\_\_\_\_

Closing comments

If you could ask CCR&R to do  
one thing to help you, what  
would it be?

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Time allowed: 3-5 minutes

Actual time: \_\_\_\_\_

or

## APPENDIX C

**PROVIDER COMMENTS AS WRITTEN ON THE  
CARE OF CHILDREN WITH SPECIAL NEEDS; PROVIDER SURVEY**

The following comments were reproduced as closely as possible as written by the providers responding to the survey. No grammatical, punctuation or spelling changes have been made.

"I have also cared for a little girl with cerebral palsy and epileptic seizures, this child was no different to me to take care of. I fully enjoyed her. It takes patience with children with special needs, but it also takes patience to care for children too."

"I do not provide care of children with disabilities due to the lack of my skills and time each child needs to have a health day care environment."

"With my own children and my day care children I don't have time for a child with special needs."

"I think caring for children with special needs is not a yes or no answer for everyone. It depends on what need the child has, if the caretaker is the type of person to handle the need, some people could with no problem: others wouldn't be able to handle a child with special needs. I also think it depends on the caretakers daily schedule with her own family, other children she keeps for instance-do the children she normally keeps are they easy to keep (do they follow directions, no major behavior problems etc...) Each person is different. I think it would depend on the individual & her work load and what type of special need the child had."

"Questions are too difficult to answer! Obviously it would depend on what the 'special need' was."

"I don't really know much about these kind of kids, I did watch one on a heart monitor for awhile and got along fine but, it does take more of your time and you can't take as many smaller ones along with one. You need to be more available to. We did enjoy him though."

"I think the final deciding factor would be what the special need is. You have such a broad range listed it is difficult to give truly accurate answer."

"I think day care providers need special training to provide service for children with special needs. It depends on the type of disability, whether or not programs would need to be changed, cost should be more etc..."

"A lot of my answers would depend on what the child's handicap was and what specific needs would need to be met. I don't believe a lot of the day care homes would be equipped for these children (wheelchairs etc.)"

"I feel having a child with special needs would take away from (what) I have to offer to the children I currently have including my own."

"I think day-care providers need to be able to decide whether or not they are capable of caring for children with special needs. Some people can deal with disabilities better than others, and if a special needs child was "forced" on someone we may lose valuable day-care providers. It is important for the provider to be comfortable with all of the children he/she cares for in order to give the best possible care."

"I would deal with each child individually. If at all possible I think brothers and sisters should be together. I would not be able to deal with a child that hurt others."

"Thank you for bringing this to my attention. I would like to help and to take more interest with children with special needs."

"My opinions depend on the severity of the special needs child in each situation very individualized."

"I really don't know if I could care for a special need child or not. Right now I have no room for any children in my day care."

"In many cases, what is best for the children in my care in regards to having special needs kids would depend on the type of problem of the special needs child. Some kinds of disabilities/needs are very difficult to mainstream. I think some behavior problems can badly influence other children. For instance; I cared for a child who played very violently and who was an extremely hateful and angry child. After I got complaints from parents that their kids were picking up his behavior (and) saw my 2 yr old doing the same; I dropped him from my program. Speech problems, hearing problems, visual and learning problems are the only ones I would accept, but I still feel I'd need more information and training on how to benefit them and discipline them in my program. I think all other disabilities/problems require very skilled, one on one care which I have neither the skills, facilities, or time to properly provide."



"Since I already have and have had in the past, children with special needs, I feel confident I could care for them!"

"A lot of my answers are based on different types of special needs. It depends on certain types of special needs. Some of them I know I can do."

"I don't think this survey is really going to be helpful. To start with all children are different. No two children with special needs are the same. So how can you clump them all together and ask these questions. I answered them the best I could."

"It would depend on the type of special need the child would have. If it was only allergies or asthma or physical or visual ailments it would fit in my program but if it was more demanding it wouldn't fit in my program."

"When I answer 'no opinion' it depends on the degree of the special need child."

"The answers to some of these questions depend on the degree of special needs. Some questions I agree and disagree on."

"For Family Care Providers to take children with special needs is fine, if the Providers have the training to do so. I think it would be good for the children (both sides) to learn and get the experience for the children to learn about them and their needs."

"I keep one little boy with special needs. I think it strongly depends what special needs the child has as to how they affect your program. The boy I keep for example does not have seizures or anything. I don't think I would be comfortable with one who did."

"It all depends on how on how and what the needs are for the child. I have turned children away because I did not feel I could give the child the needs he or she needed without hurting the needs of the children I already had. I feel if the state paid to have a aide for that child in the home then more day care homes would accept these children."

"This all depends on what the child's are. I could care for most cases but not all."

"As every child is different it is more so with a special child."

I cared for one child for ten years. The hardest part was seeing him get weaker and weaker the months before he died. But the rest was pure joy. He was a very loving child."

"Our home is not approved for special care children."

"In some respects a day care home is the best place for special need due to versatility."

"We have supportive services to some extent-CCR&R, school systemSBLHC speech & Hearing, Home Extention."

"It's rewarding for me-but it's a challenge. It has to be managed effectively. A person could do it without training, but training and education help."

"Alot of these questions cannot be answered correctly with "pat" answers. Alot depends on the child, the situation, the provider, the program and the other children in care. It is my opinion that for children with learning problems, developmental delays, behavior problems, speech problems and ADHD, among others; Family Home Day care could be better placement. The Family Day Care Provider can adapt the program to meet the needs of the children easier. Also with less children, she might be able to give the child with special needs more attention. Special needs children are probably children with self-esteem and nurturing deficits. Who could better meet their needs than a nurturer with a rocking chair? The behavior disorder child must be taught that certain behaviors are not acceptable, will not be tolerated, will bring consequences: but that he is acceptable and loved. Do centers have time for this? But I do have concerns-Although it's good for other children to learn compassion, do they pick up unacceptable behaviors? Sometimes without careful supervision at all times, incidents happen. The provider has to leave the room sometimes (ie bathroom)."

"I have experienced several children with special needs including a child paralyzed from the waist down. They are really time consuming. Some children need a one-to-one basis and don't fit in with others as a group. Others do well in a group giving normal children a great experience to adjust to a special needs child. A Day Care Provider needs to have hands on experience and a lot of knowledge about the childs problem to be able to deal with each individual child. It is not for everyone and it depends on the type of problem. I'm not familiar with the Americans with Disabilities Act, but would love to know more about

it."

"At my age I don't think I would handle special children. To much lifting and carrying in some cases. They are great kids but I could not do it."

"Each child would have to be evaluated on an individual basis. The type of special need of one could vary a bunch from another. "Special Needs" is simply a term that is too generic and inclusive and broad."

"Many questions I answered no opinion could go either way depending on the circumstance or condition. Yet-it does take a special type person with possibly extra training to really benefit all those involved."

"I find it difficult to truthfully answer these questions accurately with the answers that are available to circle. There are obviously special needs that would require more care than others. In general the more serious the problem (which I feel would be more of a behavioral problem than medical) would definitely be difficult to work into my day care. The reason would be, it would effect my other children's behavior."

"I know very little about the Americans with Disabilities Act."

"Special Needs" this wording in each of these questions is to ambiguous a term. Each question should allow for different "special needs" individually. It is to ambiguous to lump them "special needs" all together."

"The problem I have with my special needs child is that he can only go outside in very good weather because he can get extremely sick very quickly."

"I filled out the survey as best I could, but felt I needed to attach this letter about what I did in the special needs situation. I currently take care of a 2½ yr. old with C.P. (cerebral palsy). He was born pre-mature and has had a hard time. He is visited once a month by a therapist who comes to my home, she works around my schedule. The mother takes the child for therapy once a week. When the child becomes three years of age he will attend school in Mattoon all day and be returned to my house for a few hours, before being picked up by his parents. Daily schedule for child is breakfast usually using a special spoon, supplied by parent. The child is started out using the spoon, but after a time I'll put food in a make shift bottle feeder. feeding time can be timely. The child can roll, sits with support, has no speech, etc... He's

not a lot of trouble, but at times things are frustrating. I try and treat him like any other child, this seems to work. I feel it should be the sitters choice in a special needs case. I have had two years of child care and have been around special needs people. children with many special needs should be where they can get the proper care."

"Of course, each child's special needs should be assessed individually and the provider informed of those. The provider should not be forced to take a child whose needs are beyond what he/she can provider. I fear the child may not be appropriately cared for if forced into a home where not welcome with open arms."

"Some of the questions were hard to answer by just circle the answer. It depends on the day care home and the provider."

"'Special needs' is such a broad scope of disabilities. There are more difficult cases; and answering this questionnaire would've been easier if the disability were identified."

"Children with special needs should be allowed to be apart of a daycare environment, but a child I would accept into my daycare home with a special need---I would have to be able to understand and know how to take care of the child and exactly what the childs are---what are different than the other children. It would depend on the childs special needs if I could accept the child into my home. I would have to be able to provide the best care possible for the child emotionally and physically. I would not want to take alot of time away from other children--I want them to all have the attention they need."